

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009522

Name and Mailing Address

0010997 01 FP 0.352 **PRSRT H3 0 0615 33884-411539



NATURE'S DELIGHT NATURAL FOODS & HERB SHOP, LLC
6039 CYPRESS GARDENS BLVD., #234
WINTER HAVEN FL 33884-4115

02 DEC 18 PM 5:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



12/18 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/07/2001

Principal Place of Business

6039 CYPRESS GARDENS BLVD.,
WINTER HAVEN FL 33884

3. New Principal Place of Business Address

#234

City, State, Zip

6. FEI Number 593725277

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

JOHNSON, CORLIS R
3015 CYPRESS GARDENS ROAD
WINTER HAVEN, FL 33884

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300009581598

12/18/02--01063--001 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

CR Johnson managing member
REGISTERED AGENT MUST SIGN

Date 12/15/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Corlis R. Johnson	6039 Cypress Gardens Blvd #234	Winter Haven, FL 33884

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Corlis R Johnson managing member

Date 12/15/02 Daytime Phone # 863-324-

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)